PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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rees pursuant to the Consolidated Appropriations Act, 2005 (n.n. 4616).					0/000,400-00111: //1070					
FEE TRANSMITTAL For FY 2005			Filing Date N		March 26, 2004					
			THOUTAIN CONTROL		Atsuko MITSUBA					
			Examiner Name S		S. Passaniti					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3711		3711					
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			Attorney Docket No. 0229-0798PUS1							
METHOD OF PAYMENT (check all that apply)										
x Check Credit Card Money Order None Other (please identify):										
A specific and the spec										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	S							
		G FEES	SEA	ARCH FEES	EXAMIN	ATION FEES	i			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES								Small Entity		
Fee Description							Fee (\$)	<u>Fee (\$)</u>		
Each claim over 20 (including Reissues)						50	25			
,							100			
Multiple dependent claims 360 180										
				raid (\$) Multiple Dependent Clain Fee (\$) Fee Paid						
1320 =	<u>0</u> × _	= _		 	<u>Fee</u>	<u>e (\$)</u>	Fee Paid (\$	ı		
Indep. Claims Extra	a Claims Fe	ee (\$)	Fee F	Paid (\$)						
3 -3=	0 ×	= _								
3. APPLICATION SIZE FE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) × =										
4. OTHER FEE(S)		/50		(round up to a who	ne number) i	× ——	Fees	Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00										
SUBMITTED BY // /										
Signature	# (7		Registration No.	43,368	Telephone	(703) 205	5-8000		
1 21 7 WV	l ewis	////		Automes/Agent)	- i	Date	September			

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031

Application Number 10/809,403-Conf. #7549 For GOLF CLUB HEAD	Filed	March 26, 2004			
		Filed March 26, 2004			
Art Unit 3711	Examiner	S. Passaniti			
This is a request under the provisions of 37 CFR 1.136(a) to extend identified application.					
The requested extension and fee are as follows (check time period d	esired and enter the	appropriate fee below):			
Fee One month (37 CFR 1.17(a)(1)) \$120	Small Entity F \$60	<u></u>			
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$			
X Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$ 1,020.00			
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$			
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$			
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in the X The Director is hereby authorized to charge any fees which mode Deposit Account Number 02-2448 . I have encounted.	ay be required, or c	redit any overpayment, to			
I am the applicant/inventor.					
assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is enclos attorney or agent of record. Registration Num	ed. (Form PTO/SB	/96).			
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	43,368				
bund . hom	Sep	September 7, 2005			
Signature*	, <u></u> ,	Date (700) 005 0000			
Paul C. Lewis Typed or printed name		(703) 205-8000 Telephone Number			

09/09/2005 HALI11 00000090 10809403

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1020.00 OP

Total of

forms are submitted.